I. PURPOSE
This document guides agency staff actions related to a behavioral or mental health crisis on the part of a person supported that imposes an imminent risk of harm to self or others. Specifically, the guidelines outline measures that prevent crisis as well as prescribe methods for intervention as the crisis escalates. It also provides guidance to avoid misuse of behavioral safety procedures to protect the welfare and dignity of the person supported and to assure that all actions are in alignment with DIDD procedural definitions.

II. SCOPE
These operating procedures apply to all staff at the agency.

III. DEFINITIONS

A. Incident: Any event which results in harm or a significant risk of harm to a person.

B. Emergency: An emergency situation exists when an individual’s behavior poses an obvious and immediate threat of, or is resulting in injury to self or others, property destruction, or significant disruption of the individual’s environment.

C. Person Supported: Any person who is living at or receiving services or supports through the agency.

D. Crisis: When the staff supporting a person feels that the situation is getting out of control and does not know how to support the person in the typical or planned manner.

E. Behavioral Crisis: Behavior (continual physical aggression, continual self-injury, continual destructive behaviors) on the part of a person supported that poses an imminent risk of harm to self or others and requires staff actions to maintain the safety of other persons supported, community members or staff. [Annoying, non-compliant or verbally aggressive behaviors DO NOT constitute a crisis.]

BEHAVIORAL SAFETY PROCEDURES

F. Response Blocking - blocking a movement of individual’s limbs or body with a protective pad or with one’s own limb, open hand, or body with minimal force so that the occurrence of inappropriate behavior is prevented.

G. Safety Delay: Restricting the person’s freedom of movement and community access for a period of time after the occurrence of a harmful behavior to ensure that the person is calm
and that the risk of engaging in unsafe behavior has decreased to an acceptable level. A safety delay may not exceed two hours following the last occurrence of unsafe behavior unless it is part of an approved Behavior Support Plan.

H. **Supported Recovery**: Use of a specific and safe location for DSPs to engage in de-escalation of crisis behavior responses not to exceed forty-five (45) minutes. Staff shall remain with the person at all times during the use of supported recovery.

I. **Manual Restraint**: Holding the limbs or body of a person supported in response to an imminently harmful behavior using an approved manual restraint procedure so that movement is restricted or prevented, not to exceed fifteen (15) continuous minutes. Manual restraint does not include take downs (physically forcing an individual to the ground or other surface) and prone restraints (holding an individual face down in a horizontal position) which are both prohibited. The following are not considered manual restraint:
   1. Holding the limbs or body of a person supported as a part of a specific medical, dental, or surgical procedure that has been authorized by an appropriate health care professional.
   2. Holding the limbs or body of a person supported to provide support for the achievement of activities of daily living and functional body positions and equilibrium, such as supporting someone to walk, or achieving a sitting or standing position.
   3. Holding the limbs or body of a person supported to prevent him or her from falling.
   4. Use of response blocking in response to harmful behavior, or use of graduated physical guidance.

**RESTRICTED INTERVENTIONS**

J. **Mechanical Restraint**: means the application of a device to any part of a person’s body that restricts or prevents movement or normal use/functioning of the body or body part to which it is applied because of a ongoing risk of harm, not exceed forty-five (45) minutes. Mechanical restraint shall not impair or inhibit visual or auditor capabilities or prevent or impair speech or communication modalities.

K. **Response Cost**: removal of tokens, points, preferred items, scheduled events, and other reinforcers or restricting activities or outings following a behavior with the objective of decreasing its occurrence. Activity delays of greater than two (2) hours shall be considered Response Cost.

L. **Exclusion Time Out**: Directing an individual to any designated time-out location and requiring the individual to remain in this location without positive reinforcement and other activities for a specified period of time.
III. OPERATING PROCEDURES
When a person supported is involved in a crisis, behavioral crisis or mental health crisis/incident, the following procedures should be followed:

A. Initial Response and Assessment Strategies
1. If the person supported has an individual cross-systems crisis plan and/or Behavior Support Plan (BSP), follow the plan as outlined
2. If the person does not have an individual cross-systems crisis plan or BSP:
   a. Get the individual or other persons out of the general area (remove the audience and the possibility of harm)
   b. Try to avoid directly confronting the individual as this is likely to jeopardize the safety and welfare of both the individual and the staff or other people; do not engage in a “power struggle”.

B. De-escalation Strategies
1. Follow basic respect rules of honoring personal space and presentation of positive body language
2. Employ empathic listening skills (be nonjudgmental, give undivided attention, listen to what the person is really saying, allow silence for reflection, use restatement to clarify messages).
3. Speak to the person in a calm voice, being mindful of tone, volume and cadence of speech
4. Only one person should be communicating with the individual at one time
5. Offer positive choices to the person, not negative consequences

C. Backup Support
If additional support is necessary, assistance is available by calling one or more of the following:
1. Agency emergency phone **615-554-8249** (the individual receiving the call will contact other staff or resources which can assist in the crisis)
2. Team emergency numbers (each team has a telephone number to call for assistance in the crisis)
3. During office hours, the agency administrative office 615-446-3111 can provide or locate assistance
4. Persons who are known by the individual may be called as backup support; including family members, guardians/conservators, friends, and advocates
5. Emergency 911 - Only if other measures fail and the person is in imminent danger of inflicting serious harm to himself or others and other assistance is not available or if a serious injury has occurred

D. Use of Specialized Mental Health Crisis Services and Other Emergency Services
After the person has continued in crisis and assistance has been received:
1. Call the mobile crisis unit and wait for instructions, or
2. Call the person’s psychiatrist and wait for instructions
**E. Use of Behavioral Safety Procedures**

Behavioral safety procedures are procedures that prevent harm to the person or others and shall be used only (a) when alternative strategies are ineffective, (b) are the safest, most appropriate response for the given crisis, (c) the person’s behavior poses an imminent risk of harm to self or others. They include:

1. **Response blocking** may be used when necessary to prevent a person supported from harming himself or others.

2. **Safety delay** may be used for up to two hours to allow a person supported to calm down after that person has engaged in harmful behavior. When implementing a Safety Delay in response to a behavior that has occurred in a community setting and requires returning to the home, the following parameters shall apply:
   a. Staff shall use individualized knowledge of the person to determine the most effective approach for requesting that the person return home. Staff shall avoid confrontational requests that may escalate the person’s behavior. Deception may not be used to gain a person’s compliance.
   b. Staff shall consider vehicle safety and only transport the person in a vehicle when it is safe to do so. When it is unsafe to transport the person and the situation continues to be unmanageable, staff should call for assistance.

3. **Supported recovery** may be used to allow staff to engage in de-escalation of crisis behaviors, but not for more than forty-five (45) minutes.
   a. Supported Recovery shall only be used when remaining in a particular location poses a significant risk of harm because dangerous objects, potential weapons or community members or other persons supported are present.
   b. In the safe area, staff shall continue interacting with the person supported in the manner prescribed in the person’s BSP or other agency training.
   c. Blocking and restraint procedures may be carried out in the safe area in accord with Positive Behavioral Supports (PBS) training.

4. **Manual restraint** may be used, but only if the person supported is in imminent danger of harming himself or other people. If manual restraint is used, it should be applied only so long as is necessary for the person to regain calmness or until other support arrives, but for no more than 15 minutes in any case. Staff shall follow all procedures as described in PBS training for the identification of a crisis, prevention of the escalation of a crisis, and intervention once the crisis has occurred.

**F. Use of Restricted Interventions**

1. Response cost will not be used, except as part of an approved plan.

2. **PRN psychotropic medications** to control behavior will not be used, except as part of an approved plan.

3. Exclusion time out will not be used.

4. Mechanical restraint will not be used.
G. Prevention
1. One of the best ways to prevent crisis or emergency situations from developing is for support staff to be familiar with the person that they are supporting. Support staff should know about the person, his preferences, likes, dislikes, non-negotiables, and modes of communication. If there is a behavior support plan or crisis plan, staff must be fully aware of its specifics. If support staff know and understand the person, crisis situations are more easily prevented, can be lessened in duration and intensity, and can lessen the risk of harm to the person supported and others.

2. Even if a crisis develops, staff need to be familiar with these operating procedures. By following these procedures, the likelihood of injury or harm to the person support and others can be lessened.

H. Follow Up
1. Following each behavioral/mental health crisis involving the use of a behavioral safety procedure, an Incident Report detailing the episode should be completed and submitted to the Incident Management Coordinator.

2. The staff may need to ask for a circle of support meeting to address the person’s ongoing support needs. The meeting may result in one or more of the following:
   a. A referral for a medical consultation
   b. A behavior services assessment may be requested
   c. A referral for a psychiatric consultation
   d. A request for additional support for the person
   e. A development or revision of the person’s individual cross-systems crisis plan.

3. Following the occurrence of a behavior safety intervention, the Incident Management Coordinator shall conduct an interview with the staff regarding what worked and what did not work with the procedure. The results of the interview will be included in the minutes of the Incident Management Committee.

4. When a person supported has had three (3) uses of a particular behavior safety intervention within the past six (6) months, its use shall be outlined in the BSP. If the person does not currently receive behavioral services, a behavior services assessment shall be requested.

I. Staff Training
1. All agency staff who work directly with people supported will receive a minimum of six (6) hours of training addressing crisis intervention, including:
   a. PBS (effective January 1, 2018), including de-escalation and redirection techniques that prevent the need for behavioral safety interventions.
   b. This Guideline on the Agency Crisis Plan
   c. Section 12.4 of the DIDD Provider Manual;
   d. Behavioral safety intervention techniques
   e. When the person has supported receives behavior services, implementation of the person’s BSP.
I. PURPOSE

To provide guidance to agency staff in identifying persons supported who are at risk of falling and in initiating preventive measures.

II. SCOPE

These guidelines apply to all staff.

III. PROCEDURES

A. Risk for Falls Screening Tool

1. The Program Manager (PM) shall complete an initial baseline Risk for Fall Screening Tool for all persons supported at the agency.

2. Once the initial Tool has been completed for all persons supported, the PM shall complete a Risk for Falls Screening Tool when any of the following occur:
   a. A person supported is newly admitted to the day service or residential program.
   b. A person supported has a significant change in health status.
   c. Upon request by the Incident Management Committee or the individual’s Circle of Support, when a person supported that does not have a history of falls and suddenly has a fall

3. The completed Risk for Falls Screening will be saved electronically in PHS as an Encounter Tool.

4. The scores are 0-24 with 24 being the highest possible score. The higher the score the greater the risk for falls. The PM shall notify the Program Director and Incident Management Coordinator (IMC) and RN when a score is 6 or higher. Each of the disciplines shall complete the respective color coded categories on the Risk for Falls Screening Tool, addressing the questions marked “Yes”. The IMC, PM and RN shall notify the Program Director upon completion of their respective responses.

5. Once all “Yes” categories have been addressed, the PM shall re-save the completed Risk for Falls Screening Tool to the supported person’s electronic record as an Encounter.

   
B. Environmental Safety Checklist for Fall Prevention
1. The PM shall complete an initial Environmental Safety Checklist for Fall Prevention for all persons supported in their primary day or residential program site and shall offer to complete the Environmental Safety Checklist for Fall Prevention in homes of individuals receiving Personal Assistance.

2. Following the completion of all the initial checklists, the PM shall complete an Environmental Safety Checklist for Fall Prevention when any of the following occur:
   a. A person supported with a score 6 or higher moves (transitions) to a new location.
   b. A person supported with PA services scoring 6 or higher on the Risk for Falls Screening Tool when the family is offered the assessment and accepts the offer.
   c. A person supported with a score 6 or higher has a significant change in health status.

3. Upon completion of Environmental Safety Checklist, the PM shall list any identified issues on the follow up form (page 6) and send a copy to all responsible parties with instructions to complete and return to PM within 14 calendar days.

4. Upon receiving corrective action on all issues, the PM will copy those onto the original form.

5. No later than 30 days following the initial completion date of the Environmental Safety Checklist, the PM will re-inspect to verify corrective action has been taken.

6. The PM shall save the Environmental Safety Checklist for Fall Prevention in the person’s electronic record as an Encounter.

7. The PM shall include any identified risks in the Risk Identification Tool and on the Individual Training Plan.

C. Therapy Assessment

1. When a person supported is transitioned into a new living environment within the agency, in addition to the assessments noted above, the ISC/Case Manager shall decide if a professional assessment of the person’s mobility is needed to determine if any environmental modifications are needed.

2. If environmental modifications are needed in order to safely support the person in the home, a site assessment of the home shall be performed by the person’s OT or PT or by the DIDD regional therapeutic services team.
3. All environmental medications determined to be necessary for accessibility and safety including fall prevention, shall be in place and determined to be functional by the evaluating clinician prior to the move unless otherwise indicated in writing by the clinician.
Fire Drill Guidelines

Fire Drills are to be conducted monthly at each residence to insure that employees know evacuation procedures.

Documentation of fire drills will be completed in PHS. The Fire Drill Evacuation Report (to be updated) will be utilized if PHS is unavailable.

Fire drills will take place on the 15th of each month at unexpected times and varying conditions, and ensuring each shift holds one (1) per quarter.

1st Shift (7:00 a.m. – 3:00 p.m.) January, April, July, October

2nd Shift (3:00 p.m. – 11:00 p.m.) February, May, August, November

3rd Shift (11:00 p.m. – 7:00 a.m.) March, June, September, December

*Note: There must be at least one drill per year where individuals are sleeping.

Length of the Fire Drill (*Exact time in minutes and seconds): The time you begin with notification of the need to evacuate thru an alarm, announcement etc., until the time everyone is evacuated to the designated meeting/safe place.

Individuals Present: Names or number of persons supported involved in the drill.

Employees Present: Names or number of employees conducting the drill.

Location of fire: Should always be considered when conducting a drill. The location may be suggested monthly by the Facilities Coordinator thru PHS messaging system.

Route: Actual route taken during the drill. This would normally coincide with the exit routes identified on the Evacuation Plan (located in the yellow folder).

Comments: Can be used for any comments, but if “No” is checked below (individuals evacuated to the designated safe place), an explanation must be made.

Follow up: To be made by the Facilities Coordinator.

Weather: Conditions during the drill.

Individuals evacuated to the designated safe place:

Select “Yes” if all the individuals evacuated safely. When this is selected, then you are required to enter in the “Evacuated to” box below.

Select “No” if an individual failed to evacuate or an individual was injured during the drill. When this is selected, then you are required to enter an explanation in the “Comments” box above.
Evacuated To: For all completed drills, document the location the individual(s) were evacuated to. This should normally be the previously designated location/meeting place identified on the Evacuation Plan (located in the Yellow Folder). If it is any other location, then, in addition to the location being identified in this box, an explanation should also be put here to indicate why an alternate location was used for this drill. For example: There are times and conditions such as freezing temperatures, storms etc. where individuals would go to the outside door but not exit the building. In this case the outside door would be listed the “Evacuated to” location along with an explanation as to why this was necessary.

Other Suggestions:

When conducting a fire drill where the individuals are asleep, do the drill closer to the time they would be getting up; so if they don’t go back to sleep it may not be as disruptive.

Fire drills should replicate to actual procedures needed to evacuate individuals safely in the event of real fire. However, for some individuals the practice of needed emergency procedures during a drill could actually place these individuals at risk of injury/harm. For example, if a person using an electric wheelchair charges the batteries at night, there would not be time to unhook the charger; reattach the batteries; get the person in the chair etc. The staff would have to resort to a fireman’s carry (if physically able); or get the person to the floor on a blanket or sheet and drag the individual out of the building. In situations where there is potential for harm it is recommended that a simulated fire drill be allowed. A simulated fire drill is one where the employee conducts a drill by going thru the procedures and techniques without the individual.

If an individual refuses to evacuate, the staff will proceed with the drill, evacuating others in the home, while simulating what to do with the refusing person if there was an actual fire. At the end drill the employee must document the refusal, along with the actual simulation and time.

DOCUMENTATION OF FIRE DRILLS MUST REFLECT THE FACTS OF WHAT TOOK PLACE DURING THE DRILL.

The Health and Safety Committee will review all simulated Fire Drill plans.

In addition, where staff ratios are reduced (at night) it may be beneficial to have additional staff available to help monitor individuals during a drill, only to ensure safety (not to participate in the actual drill).
FIRST AID KITS

I. PURPOSE
To provide guidelines that assure appropriately stocked first aid kits are available when needed by people supported and their support staff.

II. SCOPE
These guidelines apply to all agency staff.

III. OPERATING PROCEDURES

A. FIRST AID KITS IN VEHICLES

1. Each agency vehicle will have a first aid kit containing the following items:
   a. Disposable gloves
   b. Zip lock plastic bag
   c. Face shield
   d. Adhesive tape
   e. Gauze pad
   f. Gauze roll
   g. Triangle bandage
   h. Adhesive bandages
   i. Hand sanitizer wipes
   j. Antiseptic wipes
   k. Scissors
   l. Tweezers
   m. Flashlight
   n. Cold pack

2. The contents of the kits in vehicles will be checked twice per year:
   a. In January by the Program Manager
   b. In July by the Site Manager
   c. The checklist will be maintained in the yellow folder in the home or day site to which the vehicle is assigned.

3. Whenever materials are used from the kit, the attending staff member should request that the materials be replenished as soon as possible.

B. FIRST AID KITS IN THE HOMES OR DAY SITES

1. Each agency services site (home or day site) will have a first aid kit containing the following items:
   a. Non-latex disposable gloves
   b. Zip lock plastic bags
   c. Face shield
d. Non-allergic tape  
e. Gauze pads  
f. Roller gauze  
g. Triangle bandage  
h. Adhesive bandages  
i. Hand sanitizer  
j. Antiseptic wipes  
k. Scissors  
l. Tweezers  
m. Emergency flashlight (The Emergency flashlight may be plugged into a wall socket)

2. The contents of the home first aid kit will be checked on the 15th of each month by the Site Manager or designee. The checklist will be maintained in the yellow folder in the home of day site.

3. The Program Manager will check the documentation on a monthly basis.

4. Whenever materials are used from the kit, the attending staff member should request that the materials be replenished as soon as possible.
REPORTING INCIDENTS

I. PURPOSE

To provide guidance for reporting incidents and untoward events involving persons supported.

II. SCOPE

These guidelines apply to all agency staff involved in HCBS supports.

III. PROCEDURES

A. When an incident is witnessed or discovered, staff should attend to the person supported, making sure that he/she is safe and protected from any additional risks associated with the incident.

B. If the incident is reportable, staff must speak with the Program Manager or agency Incident Management Coordinator (either face-to-face or by telephone) immediately, but within one hour. If not sure if the incident is a Reportable Incident, staff should call the Program Manager or Incident Management Coordinator and ask for advice.

C. After making the required contacts, a Reportable Incident Form should be completed by the end of the shift. If staff have access to PHS, then the form can be completed electronically, if not, then is should be complete manually and submitted to a Manager, the Incident Management Coordinator, or the Administrative Office. For incidents occurring on the weekend, the form should be turned in by Monday morning.

D. All reportable incidents, as well as other non-reportable incidents or adverse events must also be written down in the individual’s daily support log as soon as possible.

NOTE: It is critical that staff speak with the manager or agency incident management coordinator regarding the incident so that proper actions can be initiated and arrangements can be made for the form to get to the Incident Management Coordinator in a timely manner

E. When the reportable incident is alleged or suspected to involve abuse, neglect, or exploitation, staff may also choose to contact the DIDD Investigation Hotline directly at 1-888-633-1313. No adverse consequences will occur to staff who contact DIDD Investigation Hotline.

IV. REPORTABLE INCIDENTS

A. The following incidents are reportable:

1. **Death of person supported** (regardless of cause or location)

2. **Allegations of Abuse, Neglect, and Exploitation, defined as:**
   - **Abuse:** The knowing infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
   - **Neglect:** Failure to provide goods or services necessary to avoid
physical harm, mental anguish or mental illness, which results in injury or probable risk of serious harm.

- **Exploitation:** The deliberate misplacement, misappropriation or wrongful, temporary or permanent use of belongings or money with or without consent.

3. **Serious Injury,** apparent or confirmed physical harm to a person (whether the injury is self-inflicted or inflicted by another person, whether the injury is accidental or not, and whether the cause of the injury is identified or unidentified) requiring assessment and treatment (beyond basic first aid that could be administered by a lay person) in a hospital, in a hospital emergency room, in an urgent care center or from a physician, nurse practitioner or physician’s assistant.

4. **Reportable Medical Incidents,** which are Incidents requiring assessment or treatment in a medical or psychiatric hospital, in a hospital emergency room or by emergency medical technicians or paramedics, including any Incident (e.g., medication administration errors, falls or other accidents) or medical illness that requires emergency medical interventions, including cardiopulmonary resuscitation (CPR) or the Heimlich Maneuver/abdominal thrust.

5. **Reportable Behavioral or Psychiatric Incidents** associated with:
   - Serious injury to a person supported or others
   - Use of mechanical or manual restraint for sixty (60) seconds or longer, or use of takedown or horizontal restraint of any duration
   - Administration of psychotropic medication as a response to the Incident
   - Utilization of the services of emergency medical technicians/paramedics, a hospital emergency room or a Mental Health Mobile Crisis Team
   - Admission to an inpatient hospital facility
   - Presence of law enforcement officials at the scene of the Incident, or
   - Destruction of property valued at $100 or more.

6. Person supported **missing for longer than fifteen (15) minutes,** unless the Individual Support Plan (ISP) specifies that unsupervised periods of time longer than 15 minutes do not present a risk of harm to the person supported or others.

7. **Acts of sexual aggression by a person supported toward another person supported, a staff person or another community member,** excluding sexual relations between consenting adults. (where the participants have been determined capable of giving informed consent for sexual relations).

8. **Criminal Conduct or Probable Criminal Conduct** involving a person supported including, but not limited to, arrest or incarceration of a person supported.
9. **Other Staff Misconduct:** Actions or inactions which do not conform to acceptable standards of conduct related to the provision of services and/or the safeguarding of persons supported health, safety, general welfare and/or individual rights. Staff misconduct does not rise to the level of abuse, neglect or exploitation.

B. ADDITIONAL REPORTABLE INCIDENTS

1. **Reporting Falls**
   - ANY FALL is considered to be reportable. A fall is when a person hits the ground from a standing, sitting, or lying position or falls from any resting surface to a lower surface. The fall may be the result of poor ambulation skills, tripping, slipping, being pushed by others, being dropped by others, or falling from a bed or chair.
   - In addition to reporting, a person supported will be taken to the emergency room or doctor immediately after a fall if the person’s head made contact with any hard surface, or if the individual is 65 years of age and older.

2. **Reporting Bruises**
   a. Serious or large bruises, suspicious bruises, or bruises requiring medical treatment shall be reported by:
      - Completing a Reportable Incident Report
      - Notifying a supervisor or the agency Incident Management Coordinator
      - Entering into the Daily Notes
   b. Minor bruises are not considered to be reportable. They should be documented in the Daily Notes.

3. **Reporting Scratches**
   a. Serious scratches, which require more than basic first aid (i.e., medical treatment), shall be reported by:
      - Completing a Reportable Incident Report
      - Notifying a supervisor or the agency Incident Management Coordinator
      - Entering into the Daily Notes
   c. Non-serious scratches, should be treated and reported in the Daily Notes.
4. **Reporting Aggression and Property Destruction**

- **ANY ACT OF AGGRESSION** by a person supported toward others or self that results in the need for first aid or other medical treatment will be considered a reportable incident.

- **ANY PROPERTY DESTRUCTION** that is caused by a behavioral incident will be a reportable incident, regardless of the cost of the property.

- Acts of aggression and/or property destruction shall be reported by:
  a. Completing a Reportable Incident Report
  b. Notifying a supervisor or the agency Incident Management Coordinator
  c. Entering into the Daily Notes

- Behavioral incidents will also be reported on an ABC data from when:
  a. The behavior is out of the ordinary for the person supported and/or is aggressive or destructive in nature;
  b. If a person supported has a Behavior Analyst that is using the ABC notes to collect the data on the individual.

V. **FOLLOW UP INFORMATION**

A. **MINOR INJURIES** for which outside medical attention is not needed do not require the completion of a Reportable Incident Form. Staff should document the incident in the Daily Notes and call the Program Manager as soon as possible. If the Program Manager is not available, staff should leave a message.

B. Reportable Incidents are tracked and managed by the Incident Management Coordinator and addressed weekly in Incident Management Committee Meetings. See attached diagrams for routing and Procedures for Reporting Incidents.
RESEARCH

I. PURPOSE

To provide guidelines for research and academic projects.

II. SCOPE

These guidelines apply to all staff and persons supported within the agency.

III. PROCEDURES

Although the agency does not typically participate in research and academic projects, in the event that research is proposed, the following applies:

A. Prior to initiating or planning research of any type, projects must be pre-approved by the Executive Director.

B. The Human Rights Committee (HRC) shall review all research projects involving persons supported prior to implementation. The HRC shall determine if the project adequately protects the rights of any persons supported who may be involved.

C. The following must be submitted to the HRC in order for a review to take place.

1. The project description, including but not limited to:
   a. An explanation of any potential risks or rights violations with assurance the benefits of participation must outweigh any potential risks or rights violations.
   b. An explanation of how the research data will be collected, tabulated, and presented to protect and maintain confidentiality of participants. Once the project is completed, the results shall be made available to all participants.

2. An Informed Consent Form which includes an explanation of risks and benefits, as well as permission to withdraw at any time.

D. If the project is approved by the HRC, a written notification shall be provided to the project coordinator prior to initiation of the project.

E. If a research project is initiated, information on the project must be shared with each family and person supported, allowing them the opportunity to participate or refuse.

F. Any person supported of family member participating in research must agree by signing an Informed Consent Form which includes a description of the project. A copy of this document must be provided to the family.

G. If a person supported or family agrees to participate in a research project, they will not be asked to do more than what was originally agreed upon. Families and persons supported have the right to withdraw from the project at any time.
RISK ASSESSMENT

I. PURPOSE
To provide guidance for identifying individual Risk factors for persons supported.

II. SCOPE
These guidelines apply to all staff.

III. PROCEDURES
Assessment and subsequent planning serve to create an environment which provides appropriate safeguards and necessary supports for risk management while promoting personal growth and independence.

A. ASSESSMENT
As part of the pre-planning phase of the ISP process, the Program Manager (PM) will complete a Risk Assessment as follows:

1. Using PHS, complete the Risk Issues Identification Tool (RIIT), utilizing personal knowledge in addition to information from those who know the individual well, such as family members, Direct Support Professionals, Program Managers, RN for level 4 persons supported, etc.

2. Once completed, the form will be sent to the ISC to be incorporated into the ISP along with RIITs from other Providers.

3. The RIIT is to be completed and submitted to the ISC at least ninety (90) days prior to the ISP effective date.

4. The PM will retain an electronic copy in PHS to use for reference and to verify to surveyors that a RIIT has been completed.

B. PLANNING
All risks should be identified in the ISP and addressed at the ISP Planning Meeting.

1. Although it is the primary responsibility of the PM, all agency staff supporting the individual and attending the ISP planning meeting are responsible for assuring that the risks are incorporated into the ISP and that planning is sufficient to reasonably protect the individual.

2. The ISP should provide precautions and interventions for agency staff to follow for the safety of the individual while allowing for as much independence and individual choice as possible.

3. If in the process of protecting the individual it becomes necessary to limit access or in any other way restrict the rights of the individual, Human Rights Committee and Conservator/family approval will be obtained.
   a. Program Manager will notify the Incident Management Coordinator (IMC) that HRC approval is needed.
b. IMC will work with the assigned Program Manager to complete the "Rights Restriction Review Form" and submit it to the HRC for approval.

C. IMPLEMENTATION

All agency staff directly supporting the individual are responsible for knowing the risks for the individual and implementing the plans to protect the individual.

1. Although it is the primary responsibility of the Program Manager to monitor implementation of Risk Planning, all agency staff are responsible for observing and reporting any issues related to an individual’s risk management.

2. Because risks change for the individual, whenever new risks develop, or existing ones are no longer valid, staff should notify the Program Manager who will see that the Risk Assessment is updated and the ISC notified.
USING VAN LIFT AND WHEEL CHAIR TIE DOWNS

I. PURPOSE

To provide guidance and instruction for the use of the Lift on vans and wheelchair tiedowns used to persons supported.

II. SCOPE

These guidelines apply to all staff involved in transporting persons supported in vans or vehicles equipped with a Lift.

III. PROCEDURES

A. PREPARING TO LOAD A PASSENGER

☐ Park the van on a level surface
☐ Set the parking brake
☐ Turn the power switch for the lift ON

B. PRE-TRIP ASSESSMENT

☐ Are the belts and straps in a clean, dry container?
☐ Is each securement station properly equipped with four securement straps, a lap belt, and shoulder strap?
☐ Are all straps and belts in good working condition?
☐ Are all anchorages (i.e., tracks or plates), clear of dirt or debris?

C. LOADING A PASSENGER

☐ Open rear doors fully.
☐ Secure the driver side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).
☐ Remove the hand held remote (be sure the wire is clear of the lift).
☐ Stand to the side of the lift.
☐ Press and hold the orange UNFOLD switch until the platform is unfolded completely (that is the platform it at floor level and has stopped moving).
☐ Release the switch.
☐ Lower the lift to the ground by pressing and holding the red DOWN switch until the entire platform reaches the ground and the automatic roll-stop unfolds.
☐ Assist the person to maneuver the wheelchair onto the lift platform being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform. (If the vehicle is rear loading van, they should be facing towards the vehicle. For a side loading van, they should be facing away from the vehicle.)

☐ Lock the wheelchair brakes; turn OFF the power if motorized.

☐ Check to ensure that TIP GUARDS are positioned correctly (facing down in the lowest position to prevent tip-over).

☐ Locate the two ends of the safety belt attached to the van lift handles. Position the ends of the safety belt behind the wheelchair (for a rear loading van) and connect. Check to make sure the belt is connected properly. (*For a side loading van, position the ends of the safety belt in front of the wheelchair and connect.)

☐ While holding onto the wheelchair press and hold the red up-switch on the handheld controller to fold the automatic roll-stop and to raise the platform to floor level.

☐ When the platform comes to a complete stop, release the switch.

☐ Unlock the wheelchair brakes and move your passenger from the platform into the vehicle.

D. SECURING THE WHEELCHAIR

☐ With the occupant and wheelchair facing toward the front of the vehicle, center the wheelchair between the floor tracks or plates.

☐ Apply the wheel locks or turn off the power if motorized.

☐ Check to ensure that TIP GUARDS are positioned correctly (facing down in the lowest position to prevent tip-over).

E. ATTACHING FRONT STRAPS (Cam Buckle)

☐ Install the track-fitting end of the front securement strap into a slot of the floor track or plate that is a least 3 inches outside the front wheel.

☐ Pull on the strap assembly to ensure that the fitting is firmly engaged and locked into the track or plate slot.

☐ Loop the other end of the strap around a structural frame member, as close to the corner of the seat base as possible.

☐ Bring the strap end around and attach to the D-ring.

☐ Pull the loose end of the strap and tension through the buckle until tight. If using a Retractor, push the button to take up the slack, then turn the tensioning crank until tight.

☐ Repeat this procedure with the other front strap.
If using an S-hook, follow the same procedure as before, but rather than looping the strap, you may simply attach the S-hook around the same frame member.

F. ATTACHING REAR STRAPS (Overcenter Buckle)

- Install the track-fitting end of the rear securement strap into a slot of the floor track or plate that is just to the inside of the rear wheel.
- Pull on the strap assembly to ensure that the fitting is firmly engaged and locked into the track or plate slot.
- Loop the other end of the strap around a structural frame member, as close to the corner junction of the seat cushion and seat back as possible.
- Bring the strap end around and attach to the D-ring.
- Pull the loose end of the strap and tension through the buckle until tight. If using a Retractor, push the button to take up the slack, then turn the tensioning crank until tight.
- Repeat this procedure with the other rear strap.
- If using an S-hook, follow the same procedure as before, but rather than looping the strap, you may simply attach the S-hook around the same frame member.
- Again, pull the loose end of the strap until the strap assembly is tight, while maintaining tension, lift, close, and lock the handle. If using a Retractor, push the button to take up the slack, then turn the tensioning crank until tight.
- Repeat this procedure with the other rear strap.
- **Check to ensure that all securement straps are properly attached and tensioned and that the wheelchair is secure and does not have and excess movement front to rear, or side to side.**

G. ATTACHING LAP BELT

- Attach the lap belt, remembering to let the occupant know what you are doing at all times.
- Ask if the occupant would like to assist with the placement of their lap and shoulder belts.
- Use extra sensitivity when securing the shoulder and lap belts of a person of the opposite sex.
- Place the ends of the lap belt around the occupant.
- Thread them down, and through, the opening between the side panel and seat cushion, or through the gap between the seat back and seat cushion.
For integrated lap belts, attach the snap hook ends of the belt directly to the gold D-rings on the rear securement strap assemblies.

Adjust the lap belt, through the adjusters, firmly and comfortably.

Ensure that the buckle and connection point are located low at the occupant’s pelvic zone, near the hip and opposite the side from where the shoulder belt extends.

Pull on the lap belt to ensure proper attachment.

H. ATTACHING SHOULDER BELT

Bring the triangular fitting on the end of the shoulder belt over the shoulder, contacting the clavicle or collar bone and diagonally across the upper chest of the occupant.

Connect this fitting to the stud of the lap belt latch plate.

Pull on the loose end of the belt through the adjuster to achieve firm, but comfortable tension.

Pull on the belt to ensure that all fittings are properly attached.

I. FOLDING THE PLATFORM

To fold the platform into the vehicle, press and hold the orange fold switch, until the platform comes to a stop in its vertical storage position.

Store the control switch.

Unhook the bungee cord and store it inside the van.

Close the doors.

J. UNLOADING A PASSENGER (the reverse is true):

Open rear doors fully.

Secure the driver side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).

Remove the hand held remote (be sure the wire is clear of the lift).

Stand to the side of the lift.

Press and hold the orange UNFOLD switch until the platform is unfolded completely (that is the platform it at floor level and has stopped moving).

Release the switch.
BE SURE THE OUTBOARD ROLL-STOP IS UP AND THE ROLL-STOP LATCH IS ENGAGED

☐ Check to ensure that the van lift safety strap is connected and properly secured.

☐ Remove the seat belt and the wheelchair tie-downs and place them into a container out of the way of the wheelchair.

☐ Assist the person to maneuver the wheelchair onto the lift platform being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform.

☐ Lock the wheelchair brakes; turn OFF the power if motorized.

☐ Check to ensure that TIP GUARDS are positioned correctly (facing down in the lowest position to prevent tip-over).

☐ While holding the wheelchair lower the wheelchair to the ground by pressing and holding the red down switch until the entire platform reaches the ground and the automatic roll-stop unfolds.

☐ When it is fully unfolded, unlock the wheelchair brakes, release the safety belt, and assist the person to maneuver the wheelchair from the platform.

☐ To raise the lift, press and hold the red UP switch on the handheld controller until the platform is at floor level.

☐ When the platform comes to a complete stop, release the switch.

☐ To fold the platform into the vehicle, press and hold the orange FOLD switch until the platform comes to a stop in its vertical storage position.

☐ Store the control switch.

☐ Unhook the bungee cord and store it inside the van.

☐ Close the doors.

MANUAL BACKUP SYSTEM
(When you lose electrical power)

*Manual operation instructions are posted on the pump cover.

A. UNLOADING A PASSENGER WHEN ELECTRICAL POWER IS LOST

☐ Open rear doors fully.

☐ Secure the driver’s side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).

☐ Remove the hand pump handle from its storage position.
Place the slotted end of the pump handle onto the backup pump release valve.

Turn the pump handle counterclockwise, one-half turn, until the platform is fully unfolded and at floor level.

Turn the release valve clockwise, one-half turn, to stop the platform.

The valve must be tight BUT DO NOT OVERTIGHTEN.

**BE SURE THE OUTBOARD ROLL-STOP IS UP AND THE ROLL-STOP LATCH IS ENGAGED**

Check to ensure that the van lift safety strap is connected and properly secured.

Assist the person to maneuver the wheelchair onto the lift platform being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform.

Lock the wheelchair brakes; turn off the power if motorized.

Check to ensure that TIP GUARDS are positioned correctly facing down in the lowest position.

Turn the pump handle counterclockwise, one-half turn, until the platform reaches the ground level and the roll-stop unfolds completely.

Unlock the wheelchair brakes, release the safety belt, and assist the person to maneuver the wheelchair from the platform.

**B. STOWING THE LIFT BACK INTO THE VEHICLE:**

Place the slotted end of the pump handle onto the backup pump release valve port and turn it clockwise.

The valve should be tight BUT DO NOT OVERTIGHTEN.

Remove the handle from the release valve and place it into the backup pump and stroke until the platform reaches floor level.

Continue pumping and the platform will move into its vertical storage.

When the platform is completely stowed, place the backup pump handle back into its stored position.

Unhook the bungee cord from the bumper and store it inside the van.

Close the doors.